

Date: October 13, 2010

CRITERIA FOR PRIOR AUTHORIZATION

Collagenase Clostridium Histolyticum

PROVIDER GROUP: Pharmacy
Professional

MANUAL GUIDELINES: The following drug(s) require prior authorization:
Collagenase Clostridium Histolyticum (Xiaflex[®])

CRITERIA: (must meet all of the following)

- Patient must have a diagnosis of Dupuytren's Contracture with a palpable cord.
- Patient must be 18 years of age or older.
- Maximum of 3 injections per cord given at 4 week intervals.

Prior Authorization will be approved for three (3) months. Subsequent authorizations may be granted for additional cords.